

Case Number:	CM13-0027830		
Date Assigned:	11/22/2013	Date of Injury:	02/22/2012
Decision Date:	07/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female with a reported injury on 02/22/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/04/2013 reported that the injured worker complained of low back pain. It was reported that the injured worker was status post anterior and posterior lumbar fusion from L3-5 on 08/13/2013. The physical examination of the injured worker revealed a surgical incision clean, dry, and intact. Per the clinical note dated 06/17/2013, the physical examination revealed motor extremity intact to bilateral lower extremities; deep tendon reflexes were hyperactive in the bilateral lower extremities. The injured worker's diagnoses included low back pain; lumbar radiculopathy; L4-5, 3 to 4 mm left posterolateral disc extrusion resulting in neural foraminal stenosis; L3-4 left disc protrusion with left neural foraminal stenosis with impression on L3 nerve root; and status post anterior and posterior lumbar fusion. The provider requested home health nursing visits and occupational therapy. The rationales were not provided within the clinical documentation. The request for authorization was not submitted within the paperwork. The injured worker's prior treatments included physical therapy, home health nursing visits, and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 HOME HEALTH NURSING VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for 12 home health nursing visits is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for home health nursing visits was not provided within the clinical notes. The CA MTUS guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is not enough clinical information indicating the injured worker's medical necessity for a home health nursing visit. Given the information provided, there is not enough evidence to determine the appropriateness of continued home health nursing visits. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided in order to demonstrate significant functional deficits rendering the injured worker unable to perform activities of daily living within her home and requiring home health care. Therefore the request is not medically necessary.

12 SESSIONS OF OCCUPATIONAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 12 sessions of occupational therapy is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for additional occupational therapy was not provided within the clinical notes. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is not enough documentation indicating the injured worker has significant functional deficits requiring additional occupational therapy. Given the information provided, there is not enough evidence to determine the appropriateness of continued therapy. Therefore, the request is not medically necessary.